MULTIPLE DE SERIAL NO. FILING DATE NDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER AS FILED AFTER AFTER AS FILED 1"AMENDMENT 2 MAMENDMENT I"AMENDMENT 1 AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. **SO** ₹ ₹ Û Ω Ŷ Ω TOTAL IND. TOTAL GO $\langle \neg$ $\langle \neg$ TOTAL DE TOTAL DEP

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